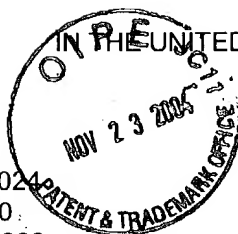


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FORM PTO-1083



In re application of:

Masashi EGUCHI

Serial No: 09/548,024

Filed: April 12, 2000

Confirmation No.: 5398

For: NETWORK FACSIMILE DEVICE AND
COMMUNICATION METHOD THEREFOR

Art Unit: 2626

Examiner: Tia A. Carter

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AF
Commissioner for Patents
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November 17, 2004

Date of Deposit

Rebecca Maiden

Name

Rebecca Maiden

11/17/04

Signature

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

The fee has been calculated as shown below.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-20	20	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3	***	0	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: November 17, 2004

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